Joint Budget Committee Hearing: Medicaid Behavioral Health Community Programs

December 16, 2015

Gretchen Hammer, Medicaid Director
Laurel Karabatsos, Deputy Health Programs Office Director
John Bartholomew, Chief Financial Officer

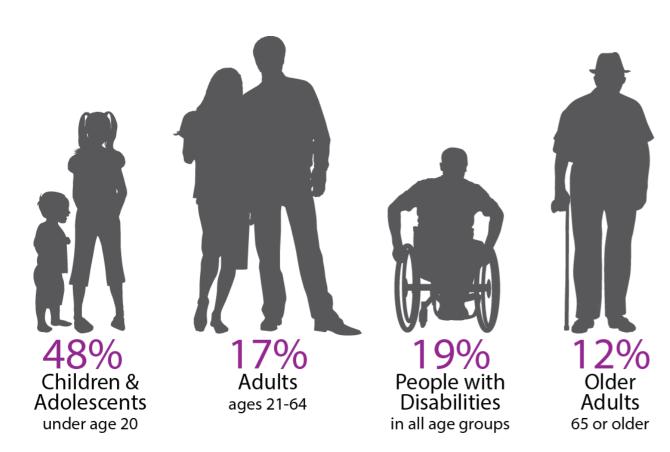
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources

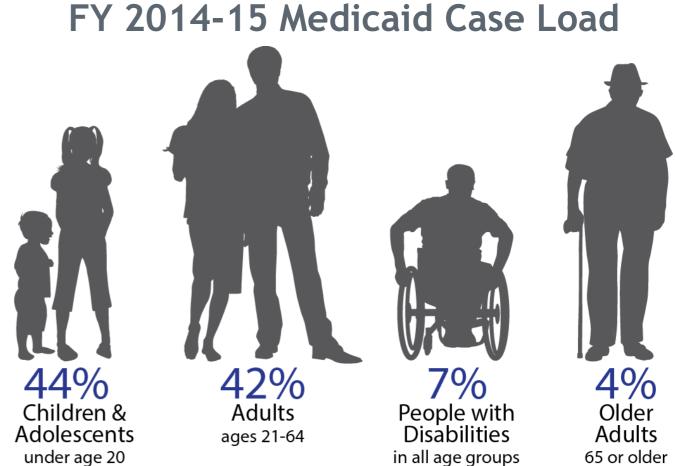
Our Vision

Coloradans we serve have integrated health care and enjoy physical, mental and social well-being

Medicaid's Evolving Population



FY 1995-96 Medicaid Case Load



Evolving Behavioral Health Landscape

- Now...
 - Greater understanding of relationship of physical and behavioral health
 - More diverse population with diverse physical and behavioral health needs
- The time is right to evaluate and make changes to our system to ensure it meets the needs of clients, our providers, and for the taxpayers

Barriers to Improved Behavioral Health

- Two systems continues to promulgate the misperception that behavioral health needs are distinct from physical health needs
- List of covered diagnosis does not support the broad spectrum of behavioral services
- Two different payment methodologies and administrative agencies inhibits integration and the delivery of whole person care

Better, Smarter, Healthier: Aligning Transformation Efforts



Responses to Committee Questions

Gretchen Hammer, Medicaid Director Laurel Karabatsos, Deputy Office Director/Delivery System and Payment Innovation Division Director

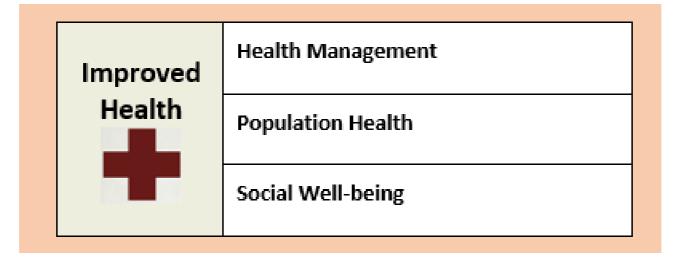
ACC Phase II: Guiding Principles

1. Person- and family-centeredness

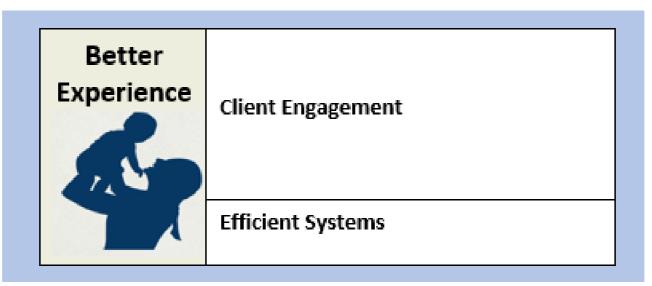
2. Accountability at every level

3. Outcomes-focused and value-based

ACC Phase II: Outcomes

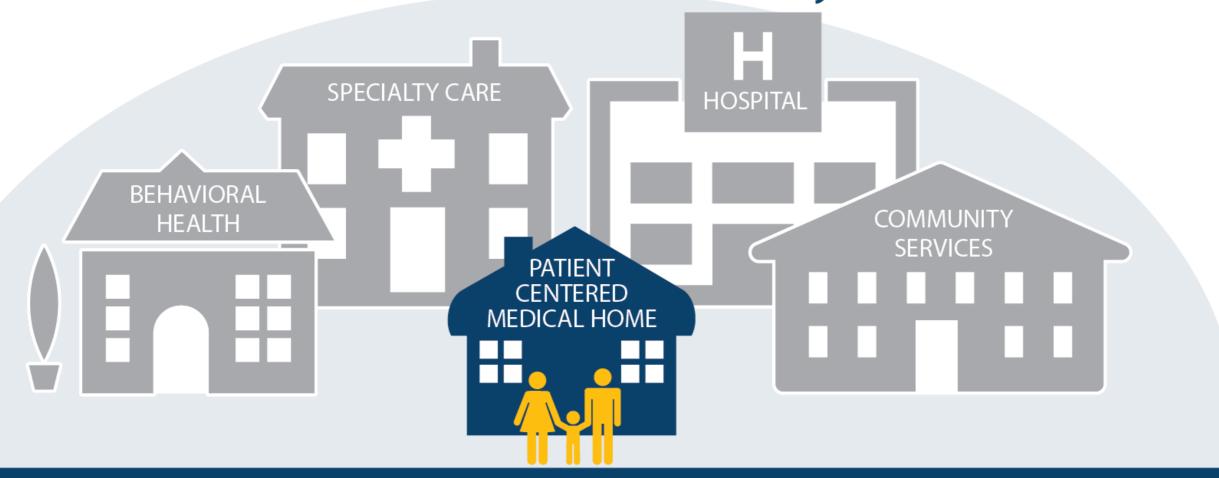






ACC Phase II: Integrating Care, Fostering Value

Regional Accountable Entity



Data & Analytics

ACC Phase II: Developing & Strengthening Relationships



Payment Reform Continuum



HB 12-1281 Pilot #1: Rocky Mountain Prime Early Results

as many practices are using the Patient **Activation Model** as projected

Community Health Workers have completed nearly

> 4,00 interventions

practices have done practice transformation work



State Innovation Model

SIM GOAL

By 2019, 80% of Coloradans will have access to comprehensive care that integrates physical and behavioral health, using increasingly valuebased payment models

SIM TRIPLE AIM

Better Experience of Care

Lower Costs

Improved Population Health

PRIMARY DRIVER

All drivers support each element of the triple aim

Payment Reform

Practice Transformation

Population Health

Health Information Technology



Other

 Current Payment for Behavioral Health Services

Medicare-Medicaid Enrollees

Thank You

Gretchen Hammer, Medicaid Director Laurel Karabatsos, Deputy Health Programs Office Director John Bartholomew, Chief Financial Officer Department of Health Care Policy & Financing

